

APPENDIX 5B

PRIOR AUTHORIZATION REQUEST FORM (PA/RF)  
 AODA

MAIL TO:

E.D.S. FEDERAL CORPORATION  
 PRIOR AUTHORIZATION UNIT  
 6406 BRIDGE ROAD  
 SUITE 88  
 MADISON, WI 53784-0088

PRIOR AUTHORIZATION REQUEST FORM

PA/RF

(DO NOT WRITE IN THIS SPACE)

ICN #

A.T. #

P.A. #

1234567

1 PROCESSING TYPE

128

2 RECIPIENT'S MEDICAL ASSISTANCE ID NUMBER  
 1234567890

4 RECIPIENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

609 Willow  
 Anytown, WI 55555

3 RECIPIENT'S NAME (LAST, FIRST, MIDDLE INITIAL)  
 Recipient, Im A.

5 DATE OF BIRTH

MM/DD/YY

6 SEX

M ☒

F ☐

8 BILLING PROVIDER TELEPHONE NUMBER

( XXX ) XXX-XXXX

7 BILLING PROVIDER NAME, ADDRESS, ZIP CODE:

I.M. Provider  
 1 W. Williams  
 Anytown, WI 55555

9 BILLING PROVIDER NO.

56781200

10 DX: PRIMARY

303.91- Alcohol Dependence

11 DX: SECONDARY

296.2 - Major Depressive Disorder

12 START DATE OF SOE

N/A

13 FIRST DATE RX:

N/A

14	PROCEDURE CODE	15	MOD	16	POS	17	TOS	18	DESCRIPTION OF SERVICE	19	QR	20	CHARGES
	W8968				3		1		Individual AODA Therapy		2		XX.XX
	W8969				3		1		Group AODA Therapy		60		XXX.XX
	W8970				3		1		Family AODA		2		XXX.XX

22. An approved authorization does not guarantee payment.

Reimbursement is contingent upon eligibility of the

recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after authorization expiration date. Reimbursement will be in accordance with Wisconsin Medical Assistance Program payment methodology and Policy. If the recipient is enrolled in a Medical Assistance HMO at the time a prior authorized service is provided, WMAF reimbursement will be allowed only if the service is not covered by the HMO.

TOTAL  
 CHARGE

21

XXX.XX

23 MM/DD/YY  
 DATE

24 I. M. Provider, A.C.  
 REQUESTING PROVIDER SIGNATURE

(DO NOT WRITE IN THIS SPACE)

AUTHORIZATION:

☐  
 APPROVED

☐  
 MODIFIED

☐  
 DENIED

☐  
 RETURN

- REASON:

- REASON:

- REASON:

GRANT DATE

EXPIRATION DATE

PROCEDURE(S) AUTHORIZED

QUANTITY AUTHORIZED